U.S. Peterd and Trademark Office; U.S. DEPARTMENT OF COMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless & displays a valid OMB controllumber. Substitute for Form PTO-876 Application or Docked Number Effective December 8, 2004 APPLICATION AS FILED - PART I (Column 1) (Column 2) OTHER THAN SMALL ENTITY OR FOR SMALL ENTITY HUMBER FILED NUMBER EXTRA BASIC FEE RATE (T) (3) CFR 1.16(0), (6), ex (c)) FEE (1) NA NA RATE SEARCH FEE FEL (1) N/A 150.00 (37 CFR 1 16(N, (1) or (m)) NA · N/A 300.00 NIA. **EXAMINATION FEE** NA \$260 (\$1 CFR 1.16(0), (p), or (q)) NIA N/A \$500 NA TOTAL CLAME NA \$100 (1) OFR 1.16(1) NIA \$200 MINU\$ 20 « X\$ 25 INDEPENDENT CLAIMS X\$50 (37 CFR 1.16(N) OR minus 3 X100 If the specification and drawings exceed 100 X200 APPLICATION SIZE sheets of paper, the application size fee due FEE is \$250 (\$125 for small entity) for each (37 CPR 1.16(6)) additional 50 sheets or traction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(II) +180= ". If the difference in column 1 is less than zero, enter "I" in column 2. +360\* TOTAL APPLICATION AS AMENDED - PART II TOTAL (Column 1) (Column 2) (Column 3) SMALL ENTITY OTHER THAN CLAIMS OR HIGHEST REMAINING SMALL ENTITY NUMBER PRESENT AFTER MENDMENT ENDMENT PREVIOUSLY RATE (1) EXTRA ADDI-RATE (\$) PAID FOR DI CTR LACOU THOMAL ADOL Minus FEE (1) TIONAL 0 FEE Independent Of CFR LIGHT X\$ 25 Minus. X\$50 OR Application Size Fee (37 CFR 1.16(s)) X100 X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1,160) +180= +360= OR TOTAL TOTAL ADO'L FEE OR (Column 1) ADD'L FEE (Column 2) (Column 3) CLAIMS HIGHEST 0 REMAINING NUMBER PRESENT AFTER AMENDMENT PREVIOUSLY PAID FOR RATE (1) EXTRA ADDI: RATE (1) AMENDMENT TIONAL ADDI-Total CI CFR LIGHT FEE (1) Minus TIONAL FEE (1) X\$ 25 Independent DI CFR LIGAT Minus X\$50 OR X100-Application Size Fee (37 CFR 1.16(s)) X200 OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (DT CFR 1.140) +180= +360z OR If the entry in column 1 is less than the entry in column 2, write "o' in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The Highest Humber Previously Paid For" (IN THIS SPACE is less than 3, enter "3".

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the unique of the collection of the public which is to file (and by the enount of time you require to complete his form and/or suggestions for reducing the burden, should be sent to the Information Comments and Trademark Office, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS TOTAL